## PART B - FEE(S) TRANSMITTAL

	this form, together w	(R)	or	P.O. Box 1 Alexandria <u>Fax</u> (571)-273-2	1450 a, Virgii 2885	nia 22313-1450		
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran respondence recluding the below or dires to otherwise	smitting the ISSU Parti, advance of Block I, by (a	JE FEE and P rders and notif a) specifying a	UBLICATION FEE ication of maintenand new correspondence	(if requir ce fees wi address;	ed). Blocks 1 through 5 : Il be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
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ossi4 7590 05/30/2006  FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112				I hereby certiful States Postal States Postal States addressed to transmitted to	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
					(Depositor's name)			
					(Signature)			
					(Date)			
APPLICATION NO.	ON NO. FILING DATE FIRST		FIRST NAMED	AED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/761,721	09/761,721 01/18/2001			Mitsuru Maeda		35.C15052	5429	
TITLE OF INVENTION: I	NFORMATION PROCESSI	NG APPARATUS	S AND METHO	)D				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION F	EE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300		\$1700	08/30/2006	
EXAMINER		ART UNIT		CLASS-SUBCLAS	ss			
BAUM, RONALD		2136		380-239000				
1. Change of correspondenc CFR 1.363).  Change of correspond Address form PTO/SB/1  Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Fitzpatrick, Cella, Harper & Scinto							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for								
recordation as set torth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Canan Ka	hushiki Kaisha		Toky	o, Japan				
Please check the appropriate	bushiki Kaisha assignee category or catego	ries (will not be pr		_	al <b>a</b> Cor	poration or other private gr	oup entity Government	
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a. Applicant claims S	MALL ENTITY status. See	37 ÇFR 1.27.				L ENTITY status. See 37 C		
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Authorized Signature	S.M.			Date	06/16/	atun est 52120 960000	5 09761721	
Typed or printed name		Regis	01 FC: tration No	1581 <b>36,570</b>	1400.00 OP 360.00 OP			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the piblic which is to file (and by the USPTO deprocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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